



THE COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF LABOR  
**DIVISION OF OCCUPATIONAL SAFETY**  
[www.mass.gov/dos](http://www.mass.gov/dos)

## **Application for Waiver of Minimum Wage for Student Employees of Summer Camps 455 CMR 2.05(1)(c)**

Pursuant to 455 CMR 2.05(1)(c), the Division of Occupational Safety may issue to any summer camp a license permitting payment of not less than 80% of the basic minimum wage rate (\$7.50 per hour<sup>1</sup> x 80% = \$6.00 per hour) to students employed as camp counselors or counselor trainees.

To apply for this annual waiver, the employer must submit this completed application form, along with a fee of one hundred dollars (\$100). The fee must be submitted in the form of a money order or check, payable to the Commonwealth of Massachusetts, in the amount of the entire annual fee. This fee is not refundable in the event that this application is denied.

Please submit the completed application form and application fee to:

Division of Occupational Safety  
Minimum Wage Program  
19 Staniford Street, 2<sup>nd</sup> Floor  
Boston, MA 02114

Your application form and fee should be submitted at least 30 days prior to the requested date of applicability.

If you have any questions regarding this application, please contact  
Lisa Price at 617-626-6952 or send email to [Lisa.Price@state.ma.us](mailto:Lisa.Price@state.ma.us)

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<sup>1</sup>Effective January 1, 2007. The Minimum Wage will increase to \$8.00 per hour, effective January 1, 2008.



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19 Staniford Street, 2<sup>nd</sup> Floor  
Boston, MA 02114  
617-626-6952  
Fax: 617-626-6944  
DOS Homepage: [www.mass.gov/dos](http://www.mass.gov/dos)

Application for Waiver of  
**Minimum Wage for Student  
Employees of Summer Camps**  
455 CMR 2.05(1)(c)

**Please provide the following information:**

1. **Name of summer camp:** \_\_\_\_\_
2. **Telephone number:** \_\_\_\_\_
3. **Business address:** \_\_\_\_\_  
**Summer address:** \_\_\_\_\_  
**Winter address:** \_\_\_\_\_
4. **Name of owner, operator, and contact person and title:** \_\_\_\_\_  
\_\_\_\_\_
5. **Is the camp a residential or day camp?:** \_\_\_\_\_
6. **Is the camp a for-profit or non-profit camp?:<sup>2</sup>** \_\_\_\_\_  
**If non-profit, please provide a copy of the IRS tax exempt status letter.**
7. **The dates of operation:** \_\_\_\_\_
8. **The number of students to be employed at sub-minimum wage:** \_\_\_\_\_

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<sup>2</sup>Note: If the camp is operated by a charitable non-profit corporation, it is not subject to the overtime provisions of the Minimum Wage Law. M.G.L. c. 151, §1A(18). If the camp is operated on a for-profit basis, it is subject to the overtime provisions of Minimum Wage Law, M.G.L. c. 151, §1A, i.e. employees must be paid not less than 1½ times their regular rate of pay for hours worked in excess of 40 hours in one week, unless the camp is granted a separate overtime waiver pursuant to M.G.L. c. 151, §1A(9).

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9. A list of the duties to be performed by the student employees: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. The proposed hourly wage(s) to be paid to student employees, before any deductions are made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. List all deductions from wages (include both items and amounts), other than those required by law (e.g. lodging deduction of \$20.00):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. a. Is this the camp's first application? Yes / No
- b. If this is not the first application, when was the last application made? \_\_\_\_\_
- c. If a previous application was approved, when was the waiver in effect? \_\_\_\_\_

**Please note: If the waiver application is approved, the Division of Occupational Safety may attach conditions to the granting of the waiver if deemed necessary.**

**Signature of Applicant:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only**

CMS # \_\_\_\_\_

Check # \_\_\_\_\_

Date Received \_\_\_\_\_

New Application / Renewal

Expiration Date \_\_\_\_\_

Granted / Denied Date \_\_\_\_\_